

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 151 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth A. Rouck

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 63 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 228 New No 731 11 Eutaw St.

Cause of Death, { First (Primary), Second (Immediate), } Locomotor ataxia
General paralysis

Duration of Last Sickness, first about 2 years. last 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 4th 1887

Undertaker, John J. Andrews W. Riley M. D. Medical Attendant.

Place of Business, No 407 David Hill Ave Address, 4113 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 152 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet A. Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, _____ Months, _____ Days

Color, Color Gold

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } America

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, { Give Street and Number. } 206 Madeira Alley

Cause of Death, { First (Primary), Cancer Bladder
Second (Immediate), Exhaustion }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Levens Cemetery

Date of Burial June 3 1887

Undertaker, William Dunge

Place of Business, 150 East St

Frank C. Bush M. D.

Medical Attendant.

Address, 1711 Bannock St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The signature of the Physician is respectfully invited in the Remarks below, and to list of diseases on back of this certificate.

Health Department City of Baltimore.

Permit No. A 153 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1887

Full Name of Deceased, Wm E Travis (Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, (Cross out the word not required in this line.)

Age, Col^d Years, 6 Months, 0 Days.

Color, Col^d

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Balto. City

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Balto. City

Duration of Residence in the City of Baltimore, #1358 Cleveland St

Place of Death, (Give Street and Number.) Cholera Infantum

Cause of Death, (First (Primary), Second (Immediate),) Weakness

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Jun 3/87

{ Undertaker, Geo. E. Brown Medical Attendant.

{ Place of Business, Health Office Address, 106 Colum. ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 157 Office of Registrar of Vital Statistics. Ward 7 ¹¹/₇

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucian & Caroline Johnson (Parents)

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, Months, 5 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 808 N Dallas st

Cause of Death, { First (Primary), Second (Immediate), } Hydrocephalus

Duration of Last Sickness, Since-birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3/87

{ Undertaker, Chas. S. Biddle James A. Stearns M. D.

{ Place of Business 570 N. Caroline Address, Carey St. & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. McKeen Sanitary Inspector [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132, Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the requirements herein, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 153 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles M Walker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 Years, _____ Months, _____ Days

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1715 Barclay St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever
collapse from perforation
3 weeks

Duration of Last Sickness, _____
All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 6th 1887

{ Undertaker, Sony V. Melcher } A West M. D.
Place of Business, North Ave & Oak St Address, 1123 N Eutan. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 156 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1 - 1887

Full Name of Deceased, Chas. F. Seymour
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, Wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Steam-fitter

Birth Place, England
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 years

Place of Death, 912 Harford Ave.
{ Give Street and Number. }

Cause of Death, Poisoning by Potassium Cyanide - Suicide
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 - 8 minutes
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 5th

Undertaker, H. C. Wiedeloh Alexander Hill M. D.
Medical Attendant.

Place of Business, 916 Greenmount Ave. Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Recognition of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 157 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, June 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lottie Hulse

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Six Years, Three Months, twenty one Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } No 405 Young St Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } Same as birth

Cause of Death, { First (Primary), Second (Immediate), } Gastro Enteric fever with Malarial Complication

Duration of Last Sickness, Shorty days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, June 4 1887

Undertaker, James P. Byrne Geo V. Vayson M. D. Medical Attendant.

Place of Business, No 83 N. Front Address, 316 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A. 158

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3^d 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Stanislaus Kampffberg

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 56 Years, 4 Months, ✓ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Janitor

Birth Place, State or country, and how long in the United States, if of foreign birth. Israhel Austria

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, Give Street and Number. 219 Saratoga St

Cause of Death, First (Primary), Softening of the brain
Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, June 4 1887

Undertaker, A. Rosenberger W. D. Barker M. D.
Medical Attendant.

Place of Business, 61 Park Ave Address, 851 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 157 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is required to present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbary Keiter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, _____ Months, _____ Days

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 586 Oxford St.

Cause of Death, { First (Primary), Second (Immediate), } Hemorrhage from Stomach
Asthma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 4 1887

Undertaker, A. Rosenberger J. G. Miller M. D.

Place of Business, 61 Park Ave Address, 639 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 160

Office of ~~Registrar of Vital Statistics.~~

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June the 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Schellert

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Twenty Three Years, Three Months, Three Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Belgium

Duration of Residence in the City of Baltimore, Two months

Place of Death, { Give Street and Number. } 115 N. Lombard Street

Cause of Death, { First (Primary), Second (Immediate), } Puerperal Peritonitis
Heart Failure

Duration of Last Sickness, Fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, June 4th 1887

Undertaker, Geo. Rinehart

Place of Business, Health Dept. Address, 115 N. Lombard St.

A. L. Hutto M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]